

WISCONSIN

REQUEST FOR BIDS

FOR

**Health Care Quality Assurance and Utilization Review
for the Wisconsin Medicaid Program**

1603 DHCF-EG

Amendments

January 11, 2008

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES

REQUEST FOR BID

**State of Wisconsin
Department of Health and Family Services
Division of Health Care Access and Accountability (DHCAA)
(Formerly Division of Health Care Financing)**

RFB #1603 DHCF-EG

**Health Care Quality Assurance and Utilization Review
for the Wisconsin Medicaid Program**

Amendments to Request for BID

- 20.102 Letter of Intent
In Section 20, page 7
Change date December 10, 2008 to December 10, 2007
- 60.400 Late Start Damages
In Section 60, page 47
Change date July 1, 2004 to July 1, 2008
- 85.000 DRG Validation Review
In Section 80, Non-HMO Hospital Review Activity
page 73, page break at the end of the subsection, 84.400 Other Review Reporting

Start new page with:

Wisconsin Medicaid
DRG Validation Review
Part III-E

85.000 DRG VALIDATION REVIEW

- 85.300 Review Method

Replace first paragraph on page 74 with:

The DHCF is currently using version 24 of the DRG Grouper logic. The Contractor shall install the DRG Grouper version in effect for the dates of service under review. The Department enhances the Medicare Grouper for additional neonatal and psychiatric diagnoses.

Information has been furnished in Appendix 15 for the Contractor to program additional Wisconsin Medicaid DRG Grouper logic in their data system. The Department shall not provide DRG Grouper software to the Contractor.

Add a new paragraph to follow the above paragraph, on page 74:

The Contractor should be prepared to make adjustments in the grouper to accommodate changes mandated by the National Uniform Billing Committee (UBC), such as source and admit patient status codes and additional diagnoses. In addition, the Contractor should be prepared to accommodate the CMS Medicare Severity Diagnosis Related Grouper (MS-DRG) Version 25 and the changes when the DHCF implements the enhancements for Medicaid.

Appendix 1B Review Time and Cost Report, pages 105-106, Column 1, Review Categories

Review Category A Physician Expert Consult

Referrals

Change estimated number of cases from 20 to 30

Review Category G HMO Outcome

T19/BC Accredited Abbreviated

Change estimated number of cases from 5 to 6

T19/BC Non-Accredited Abbreviated

Change estimated number of cases to 6 to 1

T19/BC Non-Accredited Comprehensive

Add this item to the time and cost report

Add 4 estimated number of cases

Place this line item to follow T19/BC Non-Accredited Abbreviated

SSI Abbreviated

Change 0 estimated number of cases to 4

Place this line item to follow T19/BC Non-Accredited Comprehensive

Review Category L Quality Improve

Modify Regulations Review to read Outcome Review

All requirements not altered by the foregoing amendments shall remain unmodified from the original RFB. Respondents are urged to notate these modifications in their copies of the RFB in order to ensure their Bids meet the currently published requirements.

Please include a signed copy of this addendum with your response to RFB 1603 DHCF-EG.

Signature

Date

For further information concerning this addendum contact:

Elizabeth Garland garlaes@dhfs.state.wi.us or telephone (608) 266-1682